

Wisconsin Department of Regulation & Licensing

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NURSING HOME ADMINISTRATOR EXAMINING BOARD

VERIFICATION OF EXPERIENCE IN THE FIELD OF INSTITUTIONAL ADMINISTRATION

Section I - Applicant completes this section and forwards the form to his/her supervisor at the facility where employed for completion. If the supervisor is no longer available to complete this form, the personnel manager or any other person authorized by the facility's administrator may complete it. If more than one employer will be verifying experience, you may make additional copies of this form. It is recommended that you provide a pre-addressed envelope to the above address with your request.

Applicant's Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Section II - The applicant's supervisor completes this section and returns the form to the Nursing Home Administrator Examining Board at the address shown above. Each supervisor is to date and sign this form verifying the applicant's exposure to and knowledge of their respective areas.

The above named applicant has filed an application for licensure as a nursing home administrator in the State of Wisconsin. One of the qualifications for licensure is experience in the field of institutional administration gained in a licensed nursing home, sec. NHA 1.02, Wis. Admin. Code. Your statement will affect the applicant's eligibility for licensure.

1. Name of employing facility: _____
2. Address of facility: _____
3. Governmental agency by which the facility is licensed: _____
4. License number of facility: _____
5. Name and NHA License number of facility's administrator: _____
6. Name of applicant's supervisor: _____
7. Supervisor's title: _____ Telephone/days: _____
8. The applicant was employed by the facility from: _____ to: _____
on a full-time _____ part-time _____ basis working _____ hours per week. The applicant's title while employed: _____.

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9. “Experience in the field of institutional administration” means work experience acquired in any consecutive 36-month period within the 5-year period immediately preceding the date of application for licensure, as an employe, student, trainee or intern in the total operation and activities of a nursing home under the supervision of persons licensed under ch. 456, Stats., or holding the equivalent license in another state recognized by the board, and exposure to and knowledge of the following categories, sec. NHA 1.02(1), Wis. Admin. Code. Check the categories in which the applicant gained exposure to and knowledge of during the time you were his/her supervisor.

- (a) Fiscal management, including, but not limited to:

_____ financial planning, forecasting and budgeting;
_____ accounting practices and principles;
_____ fiscal intermediaries;
_____ public finance programs; and
_____ management of residents’ funds.

Date completed: _____

Business Manager: _____

Signature

- (b) Environmental services, including, but not limited to:

_____ preventive maintenance programs for buildings and equipment;
_____ sanitation procedures, practices and policies;
_____ design needs of the disabled;
_____ environmental safety practices, policies and procedures and accident prevention;
_____ maintenance, housekeeping, laundry and security functions;
_____ relationship between health facility management; and
_____ governmental environmental service providers.

Date completed: _____

Maintenance Supervisor: _____

Signature

Date completed: _____

Housekeeping Supervisor: _____

Signature

- (c) Resident services, including but not limited to:

_____ therapy services;
_____ physician services;
_____ social services;
_____ resident food services;
_____ resident activities;
_____ patient care;
_____ drug handling and control;
_____ nursing services; and
_____ rehabilitative and restorative.

Date completed: _____

Director of Nursing: _____

Date completed: _____

Social Services Director: _____

Date completed: _____

Recreational Therapy Director: _____

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(d) Personnel management, including, but not limited to:

- _____ recruiting, interviewing, hiring, training;
- _____ reviewing, disciplining, supervising of employees;
- _____ recordkeeping;
- _____ preparation of statistical reports;
- _____ wage and salary administration;
- _____ health care staffing patterns;
- _____ human relations;
- _____ administering fringe benefit programs; and
- _____ state and federal employment regulations.

Date completed: _____ **Personnel Director/Administrator:** _____
Signature

(e) _____ State and federal inspections for compliance with applicable nursing home laws, rules and regulations.

Date completed: _____ **Administrator:** _____

10. **Certification of Nursing Home Administrator:**

I hereby certify that I am a licensed Nursing Home Administrator in the State of Wisconsin, License Number _____; that the applicant _____, has gained exposure to and knowledge of all areas identified above; that I have no hesitations in recommending this applicant for Nursing Home administrator licensure, and that I understand that if any information provided or verified by me in this application is found to be false, I may be disciplined by the Nursing Home Administrators Examining Board under sec. 456.10, Wis. Stats.

Dated this _____ **day of** _____, **19**_____.

Signature of Nursing Home Administrator